



General Assembly

February Session, 2010

Raised Bill No. 402

LCO No. 440

00440_____PH_

Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-22h of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2010*):

3 (a) The Commissioners of Social Services, [and] Children and
4 Families, and Mental Health and Addiction Services shall develop and
5 implement an integrated behavioral health service system for HUSKY
6 Part A and HUSKY Part B members, children enrolled in the voluntary
7 services program operated by the Department of Children and
8 Families and may, at the discretion of the [Commissioners of Children
9 and Families and Social Services] commissioners, include: [other] (1)
10 Other children, adolescents and families served by the Department of
11 Children and Families; [, which] (2) recipients of medical services
12 under the state-administered general assistance program; (3) Medicaid
13 recipients in the aged, blind and disabled coverage groups; and (4)
14 Charter Oak Health Plan members. The integrated behavioral health
15 service system shall be known as the Behavioral Health Partnership.
16 The Behavioral Health Partnership shall seek to increase access to

17 quality behavioral health services [through: (1) Expansion of] by: (A)
 18 Expanding individualized, family-centered [,] and community-based
 19 services; [(2) maximization of] (B) maximizing federal revenue to fund
 20 behavioral health services; [(3) reduction in the] (C) reducing
 21 unnecessary use of institutional and residential services for children
 22 and adults; [(4) capture and investment of] (D) capturing and investing
 23 enhanced federal revenue and savings derived from reduced
 24 residential services and increased community-based services; [(5)
 25 improved] (E) improving administrative oversight and efficiencies;
 26 and [(6)] (F) monitoring [of] individual outcomes [,] and provider
 27 performance, taking into consideration the acuity of the patients
 28 served by each provider, and overall program performance.

29 (b) The Behavioral Health Partnership shall operate in accordance
 30 with the financial requirements specified in this subsection. Prior to the
 31 conversion of any grant-funded services to a rate-based, fee-for-service
 32 payment system, the Department of Social Services, [and] the
 33 Department of Children and Families and the Department of Mental
 34 Health and Addiction Services shall submit documentation verifying
 35 that the proposed rates seek to cover the reasonable cost of providing
 36 services to the Behavioral Health Partnership Oversight Council,
 37 established pursuant to section 17a-22j, as amended by this act.

38 Sec. 2. Section 17a-22i of the general statutes is repealed and the
 39 following is substituted in lieu thereof (*Effective October 1, 2010*):

40 (a) The [Commissioner] Commissioners of Children and Families,
 41 [and the Commissioner of] Social Services and Mental Health and
 42 Addiction Services shall each designate a director for the Behavioral
 43 Health Partnership. Each director shall coordinate the responsibilities
 44 of his or her department, within the statutory authority of each
 45 department, for the planning, development, administration and
 46 evaluation of the activities specified under subsection (a) of section
 47 17a-22h, as amended by this act, to increase access to quality
 48 behavioral health services.

49 (b) The departments shall direct the activities of [the] administrative
50 services [organization,] organizations retained in accordance with
51 section 17a-22f, as amended by this act, under terms established in [a
52 memorandum] memoranda of understanding, in the development of a
53 community system of care to:

54 (1) Alleviate hospital emergency department overcrowding;

55 (2) Reduce unnecessary admissions and lengths of stay in hospitals
56 and residential treatment settings; [and]

57 (3) Increase availability of outpatient services; and

58 (4) Promote a community-based, recovery-oriented system of care.

59 Sec. 3. Subsection (a) of section 17a-22f of the general statutes is
60 repealed and the following is substituted in lieu thereof (*Effective*
61 *October 1, 2010*):

62 (a) The Commissioner of Social Services may, with regard to the
63 provision of behavioral health services provided pursuant to a state
64 plan under Title XIX or Title XXI of the Social Security Act: (1) Contract
65 with [an] administrative services [organization] organizations to
66 provide clinical management, provider network development and
67 other administrative services; and (2) delegate responsibility to the
68 Department of Children and Families for the clinical management
69 portion of such administrative contract.

70 Sec. 4. Section 17a-22j of the general statutes is repealed and the
71 following is substituted in lieu thereof (*Effective October 1, 2010*):

72 (a) There is established a Behavioral Health Partnership Oversight
73 Council which shall advise the Commissioners of Children and
74 Families, [and] Social Services and Mental Health and Addiction
75 Services on the planning and implementation of the Behavioral Health
76 Partnership.

77 (b) The council shall consist of the following members:

78 (1) Four appointed by the speaker of the House of Representatives;
79 two of whom are representatives of general or specialty psychiatric
80 hospitals; one of whom is an adult with a psychiatric disability; and
81 one of whom is an advocate for adults with psychiatric disabilities;

82 (2) Four appointed by the president pro tempore of the Senate, two
83 of whom are parents of children who have a behavioral health
84 disorder or have received child protection or juvenile justice services
85 from the Department of Children and Families; one of whom has
86 expertise in health policy and evaluation; and one of whom is an
87 advocate for children with behavioral health disorders;

88 (3) Two appointed by the majority leader of the House of
89 Representatives; one of whom is a primary care provider serving
90 children pursuant to the HUSKY Plan; and one of whom is a child
91 psychiatrist serving children pursuant to the HUSKY Plan;

92 (4) Two appointed by the majority leader of the Senate; one of
93 whom is either an adult with a substance use disorder or an advocate
94 for adults with substance use disorders; and one of whom is a
95 representative of school-based health clinics;

96 (5) Two appointed by the minority leader of the House of
97 Representatives; one of whom is a provider of community-based
98 behavioral health services for adults; and one of whom is a provider of
99 residential treatment for children;

100 (6) Two appointed by the minority leader of the Senate; one of
101 whom is a provider of community-based services for children with
102 behavioral health problems; and one of whom is a member of the
103 advisory council on Medicaid managed care;

104 (7) Four appointed by the Governor; two of whom are
105 representatives of general or specialty psychiatric hospitals and two of
106 whom are parents of children who have a behavioral health disorder

107 or have received child protection or juvenile justice services from the
108 Department of Children and Families;

109 (8) The chairpersons and ranking members of the joint standing
110 committees of the General Assembly having cognizance of matters
111 relating to human services, public health, appropriations and the
112 budgets of state agencies, or their designees;

113 [(9) A member of the Community Mental Health Strategy Board,
114 established pursuant to section 17a-485b, as selected by said board;

115 (10) The Commissioner of Mental Health and Addiction Services, or
116 said commissioner's designee;]

117 [(11) Seven] (9) Eight nonvoting ex-officio members, one each
118 appointed by the Commissioners of Social Services, Children and
119 Families, Mental Health and Addiction Services, Developmental
120 Services and Education to represent his or her department and one
121 appointed by the State Comptroller, the Secretary of the Office of
122 Policy and Management and the Office of Health Care Access to
123 represent said offices;

124 [(12)] (10) One or more consumers appointed by the chairpersons of
125 the council, to be nonvoting ex-officio members; and

126 [(13)] (11) One representative from [the] each administrative
127 services organization and from each Medicaid managed care
128 organization, to be nonvoting ex-officio members.

129 (c) All appointments to the council shall be made no later than July
130 1, 2005, except that the chairpersons of the council may appoint
131 additional consumers to the council as nonvoting ex-officio members.
132 Any vacancy shall be filled by the appointing authority.

133 (d) The chairpersons of the advisory council on Medicaid managed
134 care shall select the chairpersons of the Behavioral Health Partnership
135 Oversight Council from among the members of such oversight council.

136 Such chairpersons shall convene the first meeting of the council, which
137 shall be held not later than August 1, 2005. The council shall meet [at
138 least monthly] not less than six times a year thereafter.

139 (e) The Joint Committee on Legislative Management shall provide
140 administrative support to the chairpersons and assistance in convening
141 the council's meetings.

142 (f) The council shall make specific recommendations on matters
143 related to the planning and implementation of the Behavioral Health
144 Partnership which shall include, but not be limited to: (1) Review of
145 any [contract] contracts entered into by the Departments of Children
146 and Families, [and] Social Services and Mental Health and Addiction
147 Services with [an] any administrative services [organization]
148 organizations, to assure that the administrative services organization's
149 decisions are based solely on clinical management criteria developed
150 by the clinical management committee established in section 17a-22k,
151 as amended by this act; (2) review of behavioral health services
152 pursuant to Title XIX and Title XXI of the Social Security Act to assure
153 that federal revenue is being maximized; (3) review of behavioral
154 health services under the Charter Oak Health Plan; and [(3)] (4) review
155 of periodic reports on the program activities, finances and outcomes,
156 including reports from the director of the Behavioral Health
157 Partnership on achievement of service delivery system goals, pursuant
158 to section 17a-22i, as amended by this act. The council may conduct or
159 cause to be conducted an external, independent evaluation of the
160 Behavioral Health Partnership.

161 [(g) On or before March 1, 2006, and annually thereafter, the council
162 shall submit a report to the Governor and, in accordance with section
163 11-4a, to the joint standing committees of the General Assembly having
164 cognizance of matters relating to human services, public health and
165 appropriations and the budgets of state agencies, on the council's
166 activities and progress.]

167 Sec. 5. Section 17a-22k of the general statutes is repealed and the

168 following is substituted in lieu thereof (*Effective October 1, 2010*):

169 There is established a clinical management committee to develop
 170 clinical management guidelines to be used for the Behavioral Health
 171 Partnership. The committee shall consist of two members selected by
 172 the Commissioner of Children and Families, two members selected by
 173 the Commissioner of Social Services, ~~[one member]~~ two members
 174 selected by the Commissioner of Mental Health and Addiction
 175 Services and two members selected by the Behavioral Health
 176 Partnership Oversight Council, established pursuant to section 17a-22j,
 177 as amended by this act. Members of the committee shall have requisite
 178 expertise or experience in behavioral health services.

179 Sec. 6. Section 17a-22l of the general statutes is repealed and the
 180 following is substituted in lieu thereof (*Effective October 1, 2010*):

181 The Departments of Children and Families, ~~[and]~~ Social Services
 182 and Mental Health and Addiction Services shall develop consumer
 183 and provider appeal procedures and shall submit such procedures to
 184 the Behavioral Health Partnership Oversight Council for review and
 185 comment. Such procedures shall include, but not be limited to,
 186 procedures for a consumer or any provider acting on behalf of a
 187 consumer to appeal a denial or determination. The Departments of
 188 Children and Families, ~~[and]~~ Social Services and Mental Health and
 189 Addiction Services shall establish time frames for appealing decisions
 190 made by [the] an administrative services organization, including an
 191 expedited review in emergency situations. Any procedure for appeals
 192 shall require that an appeal be heard not later than thirty days after
 193 such appeal is filed and shall be decided not later than forty-five days
 194 after such appeal is filed.

195 Sec. 7. Section 17a-22m of the general statutes is repealed and the
 196 following is substituted in lieu thereof (*Effective October 1, 2010*):

197 [On or before October 1, 2006, and annually thereafter, the] The
 198 Commissioners of Children and Families, ~~[and]~~ Social Services and

199 Mental Health and Addiction Services shall conduct an annual
200 evaluation of the Behavioral Health Partnership and shall report, in
201 accordance with section 11-4a, to the joint standing committees of the
202 General Assembly having cognizance of matters relating to
203 appropriations and the budgets of state agencies, public health and
204 human services on the provision of behavioral health services under
205 the Behavioral Health Partnership, including information on the status
206 of [the] any administrative services organization implementation, the
207 status of the collaboration among the Departments of Children and
208 Families, [and] Social Services and Mental Health and Addiction
209 Services, the services provided, the number of persons served,
210 program outcomes and spending by child and adult populations.

211 Sec. 8. Section 17a-22n of the general statutes is repealed and the
212 following is substituted in lieu thereof (*Effective October 1, 2010*):

213 The [Department] Departments of Children and Families and
214 Mental Health and Addiction Services shall monitor the
215 implementation of the Behavioral Health Partnership and shall report
216 annually to the joint standing committees of the General Assembly
217 having cognizance of matters relating to human services, public health
218 and appropriations and the budgets of state agencies as to any
219 estimated cost savings, if any, resulting from implementation of the
220 Behavioral Health Partnership.

221 Sec. 9. Section 17a-22o of the general statutes is repealed and the
222 following is substituted in lieu thereof (*Effective October 1, 2010*):

223 [(a) The Departments of Children and Families and Social Services
224 may establish provider specific inpatient, partial hospitalization,
225 intensive outpatient and other intensive service rates. Within available
226 appropriations, the initial rates shall not be less than each provider's
227 blend of rates from the HUSKY Plans in effect on July 1, 2005, unless
228 the date of implementation of the Behavioral Health Partnership is
229 later than January 1, 2006. If such implementation date is later then
230 January 1, 2006, such initial rates, within available appropriations,

231 shall not be less than each provider's blend of rates in effect sixty days
 232 prior to the implementation date of the Behavioral Health Partnership.
 233 Within available appropriations, the departments may provide grant
 234 payments, where necessary, to address provider financial impacts. The
 235 departments may establish uniform outpatient rates allowing a
 236 differential for child and adult services. In no event shall such rate
 237 increases exceed rates paid through Medicare for such services. The
 238 Behavioral Health Partnership Oversight Council shall review any
 239 such rate methodology as provided for in subsection (b) of this section.
 240 Notwithstanding the provisions of sections 17b-239 and 17b-241, rates
 241 for behavioral health services shall be established in accordance with
 242 this section.]

243 [(b)] All proposals for initial rates, reductions to existing rates and
 244 changes in rate methodology within the Behavioral Health Partnership
 245 shall be submitted to the Behavioral Health Partnership Oversight
 246 Council for review. If the council does not recommend acceptance, it
 247 may forward its recommendation to the joint standing committees of
 248 the General Assembly having cognizance of matters relating to public
 249 health, human services and appropriations and the budgets of state
 250 agencies. [The] In the event the council forwards its recommendation
 251 to said joint standing committees: (1) The committees shall hold a joint
 252 public hearing on the subject of the proposed rates, to receive the
 253 partnership's rationale for making such a rate change; [. Not] and (2)
 254 not later than ninety days after the date of submission of rates by the
 255 departments to the council, the committees of cognizance shall make
 256 recommendations to the departments regarding the proposed rates.
 257 The departments shall make every effort to incorporate
 258 recommendations of both the council and the committees of
 259 cognizance when setting rates.

260 Sec. 10. Section 17a-22p of the general statutes is repealed and the
 261 following is substituted in lieu thereof (*Effective October 1, 2010*):

262 (a) The Departments of Children and Families, [and] Social Services

263 and Mental Health and Addiction Services shall enter [a joint contract]
264 into contracts or agreements with [an] administrative services
265 [organization] organizations to perform eligibility verification,
266 utilization management, intensive care management, quality
267 management, coordination of medical and behavioral health services,
268 provider network development and management, recipient and
269 provider services and reporting. [The contract shall provide for the
270 organization to commence such activities on or after October 1, 2005.]

271 (b) Claims under the Behavioral Health Partnership shall be paid by
272 the Department of Social Services' Medicaid management information
273 systems vendor, except that the Department of Children and Families
274 may, at its discretion, continue to use existing claims payment systems.

275 (c) [The administrative] Administrative services [organization]
276 organizations shall authorize services, based solely on guidelines
277 established by the clinical management committee, established
278 pursuant to section 17a-22k, as amended by this act. [The
279 administrative] Administrative services [organization] organizations
280 may make exceptions to the guidelines when requested by a member,
281 or the member's legal guardian or service provider, and determined by
282 the administrative services organization to be in the best interest of the
283 member. Decisions regarding the interpretation of such guidelines
284 shall be made by the Departments of Children and Families, [and]
285 Social Services and Mental Health and Addiction Services. No
286 administrative services organization shall have any financial incentive
287 to approve, deny or reduce services. [The administrative]
288 Administrative services [organization] organizations shall ensure that
289 service providers and persons seeking services have timely access to
290 program information and timely responses to inquiries, including
291 inquiries concerning the clinical guidelines for services.

292 (d) [The administrative] Administrative services [organization]
293 organizations shall provide or arrange for on-site assistance to
294 facilitate the appropriate placement, as soon as practicable, of children

295 with behavioral health diagnoses who the administrative services
 296 [organization knows] organizations know to have been in an
 297 emergency department for over forty-eight hours. [The administrative]
 298 Administrative services [organization] organizations shall provide or
 299 arrange for on-site assistance to arrange for the discharge or
 300 appropriate placement, as soon as practicable, for children who the
 301 administrative services [organization knows to] organizations know
 302 have remained in an inpatient hospital unit for more than five days
 303 longer than is medically necessary, as agreed by the administrative
 304 services organization and the hospital.

305 (e) The Departments of Children and Families, [and] Social Services
 306 and Mental Health and Addiction Services shall develop, in
 307 consultation with the Behavioral Health Partnership, a comprehensive
 308 plan for monitoring the performance of [the] administrative services
 309 [organization] organizations which shall include data on service
 310 authorizations, individual outcomes, appeals, outreach and
 311 accessibility, comments from program participants compiled from
 312 written surveys and face-to-face interviews.

313 (f) The Behavioral Health Partnership shall establish policies to
 314 coordinate benefits received under the partnership with those received
 315 through Medicaid or Charter Oak Health Plan managed care
 316 organizations for persons covered by both a Medicaid or Charter Oak
 317 Health Plan managed care organization and the Behavioral Health
 318 Partnership. Such policies shall specify a coordinated delivery of both
 319 physical and behavioral health care. The policies shall be submitted to
 320 the Behavioral Health Partnership Oversight Council for review and
 321 comment.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2010</i>	17a-22h
Sec. 2	<i>October 1, 2010</i>	17a-22i
Sec. 3	<i>October 1, 2010</i>	17a-22f(a)

Sec. 4	<i>October 1, 2010</i>	17a-22j
Sec. 5	<i>October 1, 2010</i>	17a-22k
Sec. 6	<i>October 1, 2010</i>	17a-22l
Sec. 7	<i>October 1, 2010</i>	17a-22m
Sec. 8	<i>October 1, 2010</i>	17a-22n
Sec. 9	<i>October 1, 2010</i>	17a-22o
Sec. 10	<i>October 1, 2010</i>	17a-22p

Statement of Purpose:

To (1) include the Department of Mental Health and Addiction Services in the Behavioral Health Partnership, (2) transfer primary responsibility for the setting of behavioral health provider service rates from the Departments of Children and Families, Social Services, and Mental Health and Addiction Services to the Behavioral Health Partnership Oversight Council, (3) allow the Behavioral Health Partnership to expand coverage to include SAGA medical services recipients, Medicaid recipients and Charter Oak Health Plan members, and (4) enable the Behavioral Health Partnership Oversight Council to review behavioral health services available under the Charter Oak Health Plan.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]